

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician who completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

02245

CERTIFICATE OF DEATH

02196

1. PLACE OF DEATH a. COUNTY CHARLES		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LA PLATA		c. LENGTH OF STAY IN 1b 9 days.	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WALDORF		d. STREET ADDRESS RE #1 Box 109.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) PHYSICIANS MEMORIAL HOSP		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First HARRY	Middle F	Last BECK
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 22 FEB 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Bakery	
13. FATHER'S NAME Unknown		11. BIRTHPLACE (County & State, or foreign country) Washington, D.C.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12. CITIZEN OF WHAT COUNTRY? Waldorf, Md.	
16. SOCIAL SECURITY NO. 578-09-66524		17. INFORMANT Mrs. George Gateau	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio - Renal failure DUE TO 381X Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause last. CVA		INTERVAL BETWEEN ONSET AND DEATH 9 days	
DUE TO Generalized Arteriosclerotic disease		INTERVAL BETWEEN ONSET AND DEATH 9 days	
DUE TO 10 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> of work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) Waldorf (County) Charles (State) Md.			
21. I certify that (I) (this hospital) attended the deceased from 15 Jan 1966 to 22 Feb 1966 , that (I) (we) last saw the deceased alive on 22 Feb 1966 , and that death occurred at Waldorf M, from causes and on the date stated above.			
22a. SIGNATURE Arthur D. Woody, M.D.		22b. DATE SIGNED 23 Feb 66	
22c. PHYSICIAN'S NAME (Type) ARTHUR D. WOODY, M.D.		22d. ADDRESS JARWOOD CLINIC LA PLATA, MD.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Feb 24 1966	23c. NAME OF CEMETERY OR CREMATORIAL Prospect Hill com.
23d. LOCATION (City or Town) (County) (State) Washington, D.C.		23e. ADDRESS 16 Hunt Funeral Home, Waldorf, Md.	
24. FUNERAL DIRECTOR ADDRESS 16 Hunt Funeral Home, Waldorf, Md.		25a. REC'D BY REGISTRAR DATE FEB 28 1966	25b. REGISTRAR'S SIGNATURE Charles Judge

68150

68152

68152

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02197

1. PLACE OF DEATH a. COUNTY CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LA PLATA		b. COUNTY CHARLES	
c. LENGTH OF STAY IN 1b RURAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LA PLATA	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PHYSICIAN'S MEMORIAL HOSPITAL		d. STREET ADDRESS HAWTHORNE DRIVE	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First JOASH	Middle BUTLER	Last FEBRUARY 6 1966
4. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1886 APPROX
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer -Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 80 APPROX
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME (Unknown) Murry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 213-42-7526	17. INFORMANT Mr. Alex Brown-Friend-La Plata, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH MINUTES	
2865 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. } (b) DEHYDRATION			
DUE TO } (c) MALNUTRITION			
DUE TO } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>4 February</u> , 1966, to <u>6 February</u> , 1966, that I last saw the deceased alive on <u>6 Feb</u> 1966, and that death occurred at <u>11:45P</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE JG Barry Mason M.D. JARWOOD CLINIC, LA PLATA, MD 20646 7 Feb 66			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/9/1966	22c. NAME OF CEMETERY OR CREMATORIUM Sacred Heart Cemetery
22d. LOCATION (City, town, or county) La Plata, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE AREHART FUNERAL HOME, INC. *LA PLATA, MD.		24a. REC'D BY REGISTRAR DATE FEB 11 1966	24b. REGISTRAR'S SIGNATURE Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIR.: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please send above carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in event of removal, during the 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02199

1. PLACE OF DEATH a. COUNTY CHARLES MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Charles	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata		c. LENGTH OF STAY IN Tb c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bryans Road	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Physicians Memorial Hospital		d. STREET ADDRESS 8-1	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Edith	Middle H	Last Downs
4. DATE OF DEATH February 2 1966	Month	Day	Year
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH 8/22/86	9. AGE (In years last birthday 79 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (County & State, or foreign country) CHARLES, MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN HALLEY	14. MOTHER'S MAIDEN NAME UNKNOWN	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 217-52-7524	17. INFORMANT BERNARD Downes, Bryans Road, Md.	Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 4201 minutes	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Arteriosclerotic cardiovascular disease		DUE TO (b) years	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> At work <input type="checkbox"/> Nat While <input type="checkbox"/> At work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) La Plata (County) Maryland (State) 20646		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I certify that (I) (this hospital) attended the deceased from 28 Jan 1966 to 2 Feb 1966 , that (I) (we) last saw the deceased alive on 2 Feb 1966 , and that death occurred at 2:18 A.M. from causes and on the date stated above.			
22a. SIGNATURE J. G. Barry Mason M.D.		22b. DATE SIGNED 2 Feb 66	
22c. PHYSICIAN'S NAME (Type) J. G. Barry Mason		22d. ADDRESS La Plata, Maryland 20646	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE THEREOF 2-5-66	23c. NAME OF CEMETERY OR CREMATORIUM SHILOH Cem.
24. FUNERAL DIRECTOR The Hunter Funeral Home, Waldorf, MD.		23d. LOCATION (City or Town) (County) (State) BRYANS ROAD, MD.	
ADDRESS		25a. REC'D BY REGISTRAR FEB 7 1966	25b. REGISTRAR'S SIGNATURE Charles Judge
DATE			

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FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02248

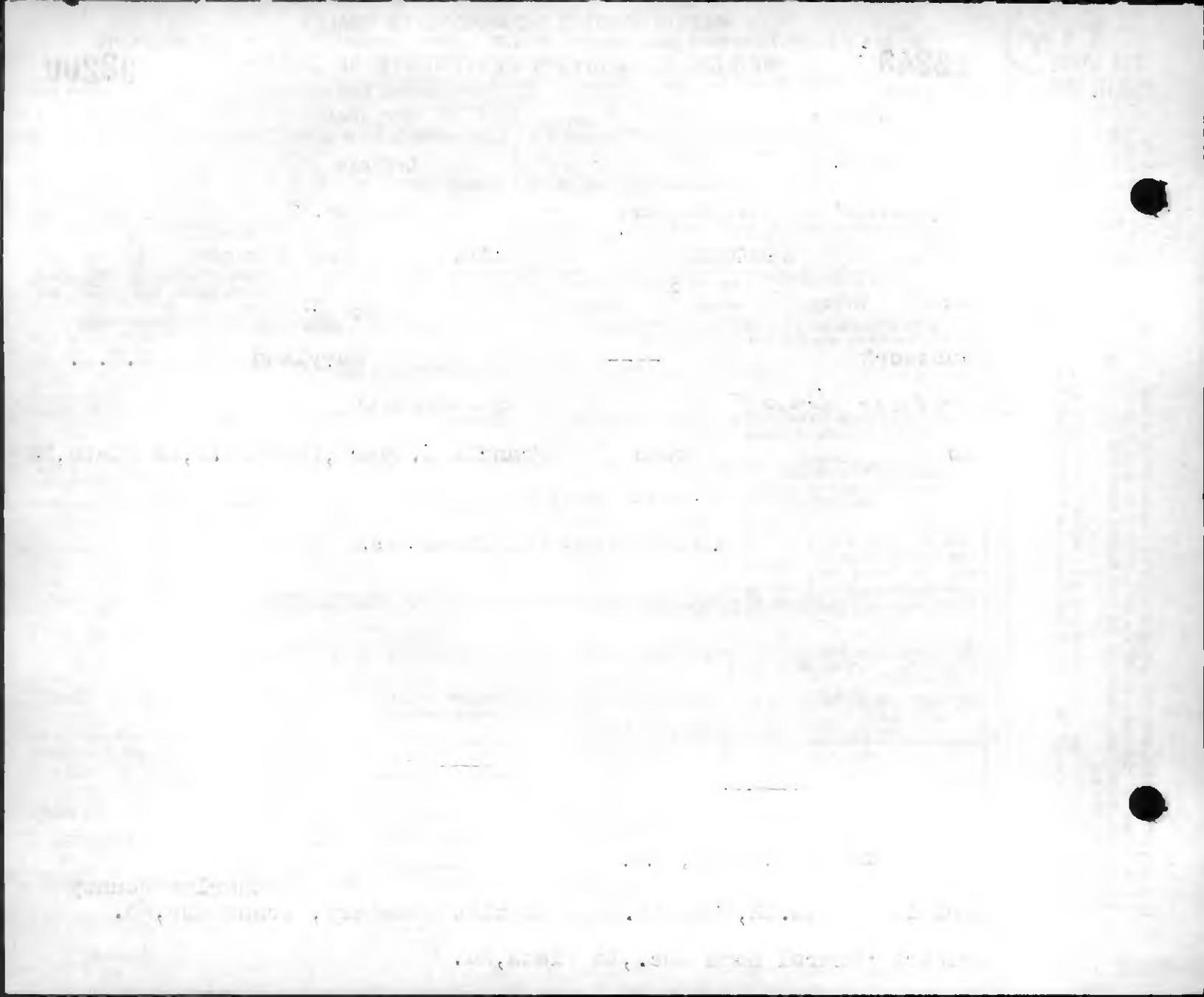
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

112200

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Charles MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Charles	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LaPlata		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LaPlata	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Physicians' Memorial Hospital		d. STREET ADDRESS State Rt. 2	
3. NAME OF DECEASED (Type or print) CHARLOTTE		4. DATE OF DEATH DYER	Month February Day 19 Year 1966
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	8. DATE OF BIRTH 1928 37 yrs.
9. AGE (in years at last birthday)		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Corbett Dent		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) no		16. SOCIAL SECURITY NO. 17. INFORMANT none Francis I. Dyer, Star Rt. 2, La Plata, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH	
466X Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause first.		DUE TO (b) Left Popliteal Vein Thrombosis.	
DUE TO (c)		DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)			
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE Charles S. Petty		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) Charles S. Petty, M.D.		22. DATE SIGNED 2/20/66	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Feb. 22, 1966	
23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Mt. Hope Baptist Cemetery, Ironsides, Md.		23d. LOCATION Charles County	
24. FUNERAL DIRECTOR Arehart Funeral Home Inc., La Plata, Md.		25a. REC'D BY REGISTRAR FEB 28 1966	25b. REGISTRAR'S SIGNATURE Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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02249		02201	
1. PLACE OF DEATH o. COUNTY <i>Charles</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE <i>Md.</i> b. COUNTY <i>Charles</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>La Plata</i> c. LENGTH OF STAY IN lb <i>6 hrs.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>BRYANTOWN</i> d. STREET ADDRESS <i>07-1</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Physicians Mem. Hosp.</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Mary Josephine Bell Johnson</i>		4. DATE OF DEATH <i>Feb. 4 1966</i>	
5. SEX <i>F</i> 6. COLOR OR RACE <i>NEG</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 8. DATE OF BIRTH <i>Feb. 25, 1887</i> 9. AGE (In years since birthday) <i>79 yrs.</i>	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maid</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	
11. BIRTHPLACE (County & State, or foreign country) <i>BRYANTOWN, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Peter Bell</i>		14. MOTHER'S MAIDEN NAME <i>Mary Sisquwood</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>213-54-9923</i> 17. INFORMANT <i>John RICHARD Bell, BRYANTOWN, Md.</i> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>H200</i> DUE TO <i>Congestive heart failure</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Cathartic</i> (c) <i>Heart Disease.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. <i>p.m.</i> 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <i>BRYANTOWN</i> (County) <i>Charles</i> (State) <i>Md.</i>	
21. I certify that (I) (this hospital) attended the deceased from <i>2/3 1966</i> to <i>2/4 1966</i> , that (I) (we) last saw the deceased alive on <i>2/4 1966</i> , and that death occurred at <i>12:50 M.</i> from causes and on the date stated above.			
22a. SIGNATURE <i>Arturo M. Montero</i>		22b. DATE SIGNED <i>2/6/66</i>	
22c. PHYSICIAN'S NAME (Type) <i>Arturo M. Montero</i>		22d. ADDRESS <i>La Plata, Charles Md.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE THEREOF <i>Feb. 7, 66</i> 23c. NAME OF CEMETERY OR CREMATORIUM <i>St. MARY'S</i>	
24. FUNERAL DIRECTOR <i>W. A. Cooley</i>		23d. LOCATION (City or Town) <i>BRYANTOWN, Charles, Md.</i> (County) <i>Charles</i> (State)	
24. FUNERAL DIRECTOR <i>Johnson's Funeral Home, Pomonkey, Md.</i>		25a. REC'D BY REGISTRAR <i>FEB 8 1966</i> 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

10550

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02250

CERTIFICATE OF DEATH

Reg. Dist. No.

02202

TO HOSPITAL CARE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be referred to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trust permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>CHARLES</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>MARYLAND</i>		b. COUNTY <i>CHARLES</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>WALDORF</i>		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>WALDORF</i>		d. STREET ADDRESS <i>Box 117</i>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <i>FRANCIS RAYMOND MUDD SR.</i>		First	Middle	Last	4. DATE OF DEATH <i>FEB. 10, 1966</i>	Month	Day	Year
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>CAV.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 7, 1882</i>	9. AGE (In years last birthday) <i>83</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS Days <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>FARMER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>FARMING</i>		11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>HENRY L. MUDD</i>		14. MOTHER'S MAIDEN NAME <i>MARY PAULINE GWYNN</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>EUGENIA B. MUDD, WALDORF, MD.</i>		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocardial Failure</i>		DUE TO <i>7-0-0</i>		INTERVAL BETWEEN ONSET AND DEATH <i>overnight</i>				
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) <i>Severe Arteriosclerosis</i>		DUE TO <i>(c) Inanition + Debility</i>		INTERVAL BETWEEN ONSET AND DEATH <i>several yes couple of weeks</i>				
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <i>none</i>						
20c. TIME OF INJURY Month, Day, Year Hour <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. <i>19</i>		20d. INJURY OCCURRED While <input type="checkbox"/> Not white at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <i>WALDORF</i>		(County) <i>CHARLES</i> (State) <i>M.D.</i>
21. I certify that I attended the deceased from <i>1965</i> to <i>1966</i> , that I last saw the deceased alive on <i>Sept 22, 1965</i> , and that death occurred at <i>3 P.M.</i> from the causes and on the date stated above.						ADDRESS (Street, city or town, state) <i>WALDORF, MD.</i>		
ACTUAL SIGNATURE <i>Vahéh M. Seron</i>		M.D.		DATE SIGNED <i>2/12/66</i>				
PHYSICIAN'S NAME (Type) <i>VAHÉH M. SERON M.D.</i>								
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		22b. DATE THEREOF <i>2-14-66</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>ST. PETERS CEM.</i>		22d. LOCATION (City, town, or county) <i>WALDORF M.D.</i>		(State)
23. FUNERAL DIRECTOR'S SIGNATURE <i>The Hunt Funeral Home, WALDORF, MD.</i>		ADDRESS <i>WALDORF, MD.</i>		24a. REC'D BY REGISTRAR <i>FEB 16 1966</i>		24b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02251

CERTIFICATE OF DEATH

02203

1. PLACE OF DEATH a. COUNTY Charles	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	b. COUNTY Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LaPlata Md	c. LENGTH OF STAY IN 1b one month	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head Md	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Physicians Memorial LaPlata Md	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Elsie	Middle Lee	Last Onley	4. DATE OF DEATH 2-3-1966	Month Month	Day Day	Year Year
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1913 xx/xx/xx/xx/xx/xx	9. AGE (in years last birthday) 52 yrs.	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (County & State, or foreign country) Brook. Ia.	12. CITIZEN OF WHAT COUNTRY? USA
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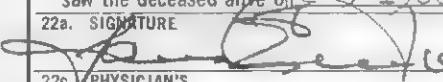
13. FATHER'S NAME John R. Morton	14. MOTHER'S MAIDEN NAME Virginia Toles		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT Raymond H. Ohley-Sr. Indian Head Md.	Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN QNSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephritis Acute		18-yrs
5/10X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hypertension		18-Yrs
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. MEDICAL CERTIFICATION ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED p.m. 19 at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from 3-1-1950, 19, to 2-3-1966 19, that (I) (we) last saw the deceased alive on 2-3-1966 19, and that death occurred at 1:30 from the causes and on the date stated above.

22a. SIGNATURE 	22b. DATE SIGNED 2-3-1966
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22c. PHYSICIAN'S NAME (Type) James E. Andrews	22d. ADDRESS Indian Head Md
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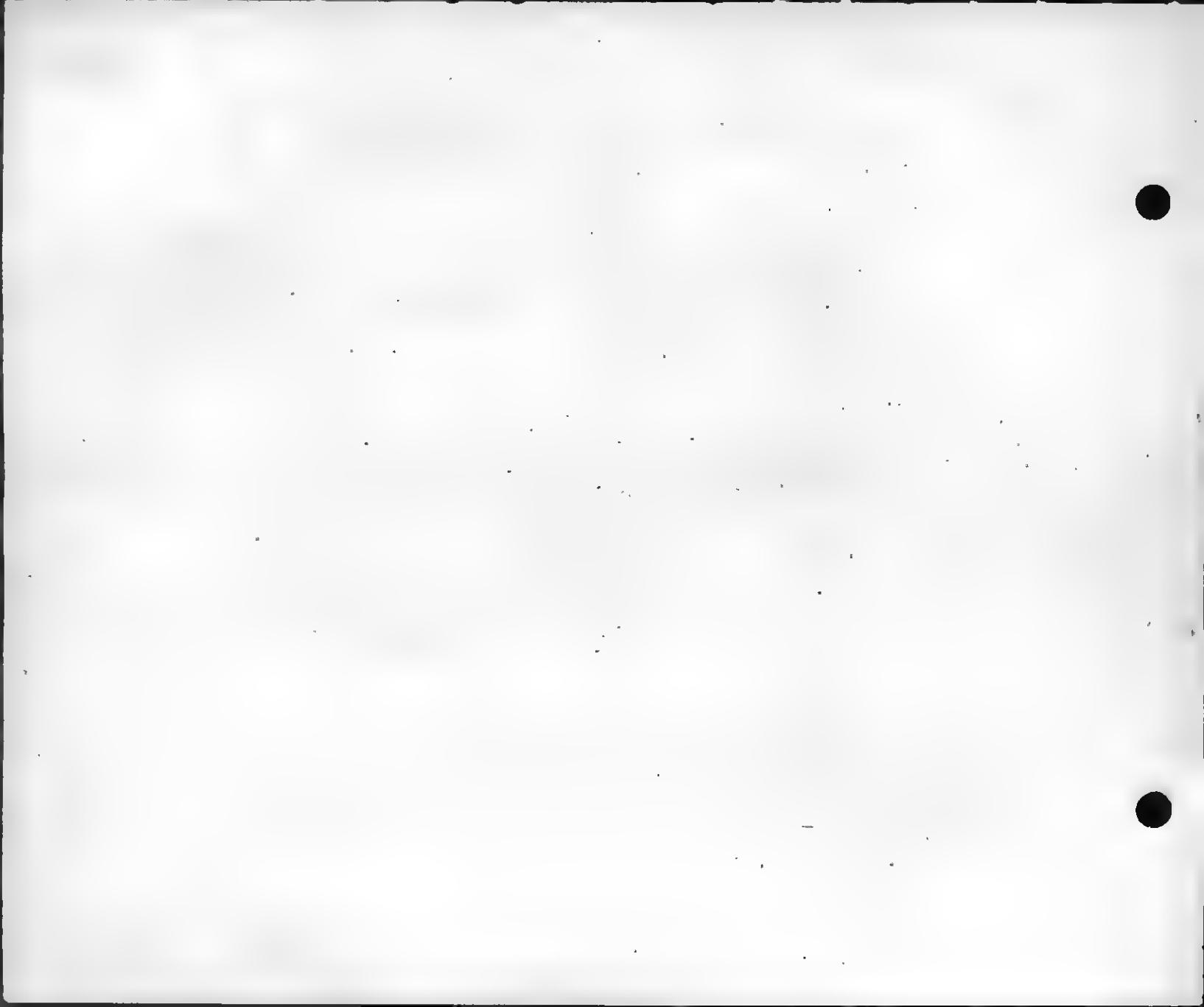
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORIAL	23d. LOCATION (City, town or county) ✓	(State)
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24. FUNERAL DIRECTOR	ADDRESS Johnson Funeral Home	25a. REC'D BY REGISTRAR DATE FEB 9 1966	25b. REGISTRAR'S SIGNATURE Charles Judge
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02252

CERTIFICATE OF DEATH

112204

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please affix carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Charles		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata		c. LENGTH OF STAY IN 1b MARYLAND	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thompkinsville		d. COUNTY Charles	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Physicians Memorial Hospital		e. STREET ADDRESS c 2-1	
3. NAME OF DECEASED (Type or print) Sarah		First Emma	Middle Templeton
4. DATE OF DEATH February 6 1966	Month Day Year		
5. SEX Female	6. COLOR OR RACE C	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH March 26, 1884	9. AGE (in years last birthday) 81 yrs.	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (County & State, or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4200 Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) (c) DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Possible DUE TO Atherosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 3 days			
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from 2/4/1966 to 2/6/1966, that (I) (we) last saw the deceased alive on 2/6/1966, and that death occurred at 2:30 P.M. from the causes and on the date stated above.			
22a. SIGNATURE Arturo M. Montefiori		22b. DATE SIGNED 2/7/66	
22c. PHYSICIAN'S NAME (Type) Arturo M. Montefiori		M.D. ATTENDING PHYS <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS 1010 Park, Charles Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 2-12-66	
23c. NAME OF CEMETERY OR CREMATORIUM Sunset Hill		23d. LOCATION (City, town or county) (State)	
24. FUNERAL DIRECTOR E. S. Wilson		25a. REC'D BY REGISTRAR FEB 23 1966	
ADDRESS		25b. REGISTRAR'S SIGNATURE Charles Judge	



M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

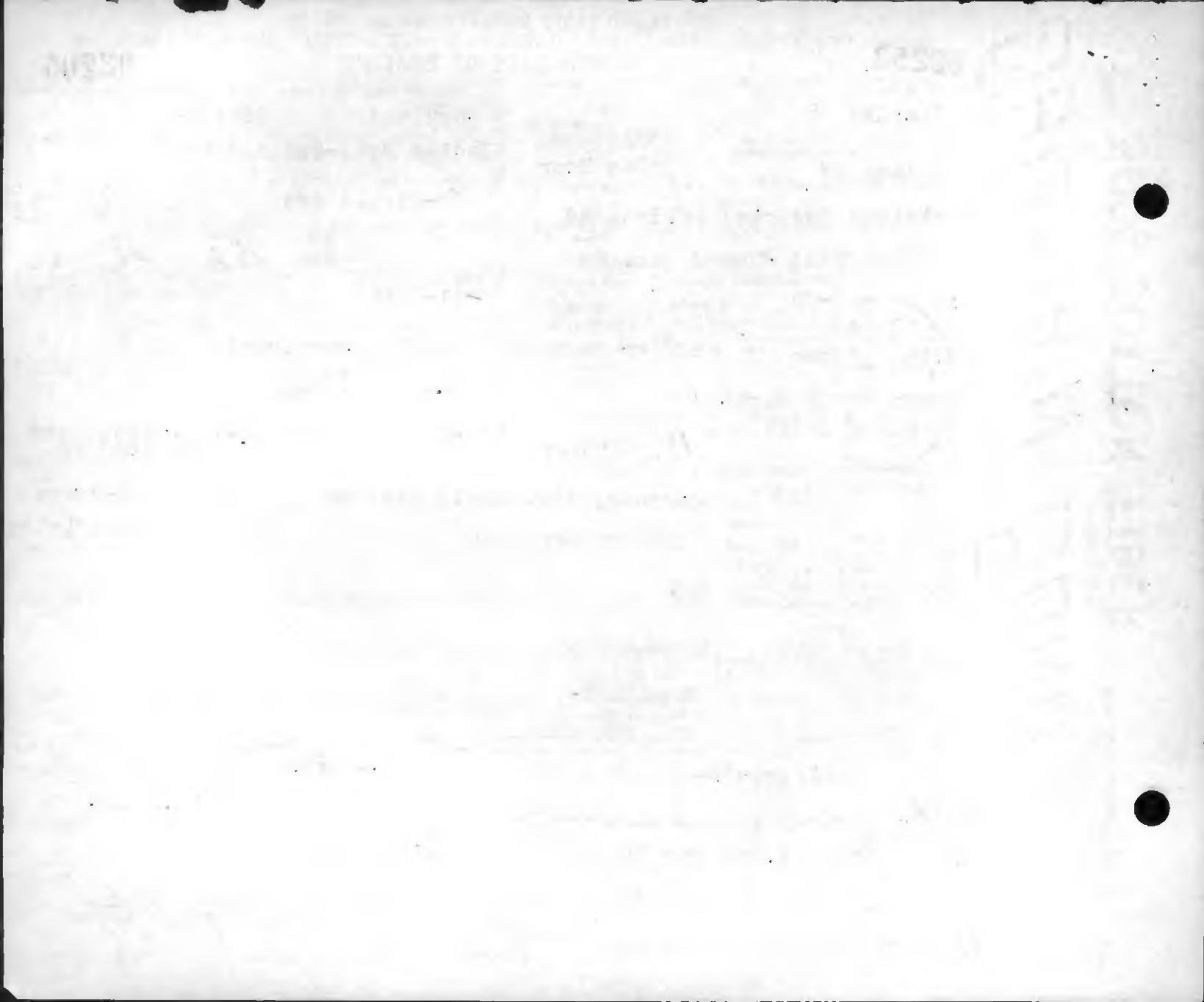
02253

022015

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)									
a. COUNTY Charles		a. STATE Maryland									
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LaPlata Md		b. COUNTY Charles									
c. LENGTH OF STAY IN 1b One Hour		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Indian Head-Potomac Hts									
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Physicians Memorial LaPlata Md		d. STREET ADDRESS 100-Circle Ave									
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print) Paul Edward Wareham		First	Middle	Last	4. DATE OF DEATH Feb. 26 1966	Month	Day	Year			
5. SEX Male		6. COLOR OR RACE W-US	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-21-1916	9. AGE (in years last birthday) 49 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS Days	12. IF UNDER 24 HRS Hours	13. IF UNDER 24 HRS Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Federal Worker		10b. KIND OF BUSINESS OR INDUSTRY Powder Factory		11. BIRTHPLACE (County & State, or foreign country) Everett Pennsylvania			12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Edward James Wareham		14. MOTHER'S MAIDEN NAME Verta Maye Lake									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 197-09-3354		17. INFORMANT Wife-Theresa Wareham-100-Circle Ave Indian Head Md		Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH 2-Hours									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis Massive</u>											
4201 DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) <u>Hypertension Mild</u>											
DUE TO (c) <u>Age</u>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)											
MEDICAL CERTIFICATION		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
		20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)	
19											
21. I certify that (I) (this hospital) attended the deceased from 2-26-66, 19, to 2-26-66, 19, that (I) (we) last saw the deceased alive on 2-26-66, 19, and that death occurred at 2-26-66, 19, from the causes and on the date stated above.											
22a. SIGNATURE <u>James E. Andrews</u>		M.D. ATTENDING PHYS.		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED 2-27-66			
22c. PHYSICIAN'S NAME (Type) James E. Andrews MD		22d. ADDRESS Indian Head Md									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF March 2 1966		23c. NAME OF CEMETERY OR CREMATORIALy Trinity Memorial Gardens		23d. LOCATION (City, town or county) Waldorf, Md				(State)	
24. FUNERAL DIRECTOR Hornbitt Funeral Home		ADDRESS Waldorf, Md		25a. REC'D BY REGISTRAR MAR 7 1966		25b. REGISTRAR'S SIGNATURE Charles Juge					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
HEALTH DEP.

M

02254

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02206

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours of death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours of death.

1. PLACE OF DEATH a. COUNTY Charles		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Connecticut		b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 301 Highway, Potomac River Bridge		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bridgeport		45 - 3	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) La Plata, Md.		d. STREET ADDRESS 422 West Avenue		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) John		First Middle James	Last WILSON	4. DATE OF DEATH February 12, 1966	Month Year	Day	Year
S. SEX Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cranio-cerebral injury.</u> INTERVAL BETWEEN ONSET AND DEATH							
8164 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO _____ (c) _____ DUE TO _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) passenger in car involved in head on-collision		20c. TIME OF INJURY Month, Day, Year 7:40 AM 2, 12 1966		20d. INJURY OCCURRED <input type="checkbox"/> While at work <input checked="" type="checkbox"/> Not While at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) street	
20f. (City or town) (County) (State) Charles Md.				21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D.		ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> Address (Street, city, town, or county) Baltimore Md.	
23a. BURIAL/CREMATION REMOVAL (Specify)		23b. DATE THEREOF 3-3-66	23c. NAME OF CEMETERY OR CREMATORIUM O'Gund. Med. School	23d. LOCATION (City or Town) (County) (State) Baltimore Md.		22. DATE SIGNED February 13, 1966	
24. FUNERAL DIRECTOR came from City Morgue		ADDRESS		25a. REC'D BY REGISTRAR MAR 4 1966	25b. REGISTRAR'S SIGNATURE Charles Judge		

